Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

# GENERAL INFORMATION

*Consolidated Permits Program*

*(Read the "General Instructions" before starting.)*

I. EPA I.D. NUMBER

| 5 | | T/A | C |
|---|---|---|---|
| F | | | D |
| 1 2 | 13 | 14 | 15 |

| LABEL ITEMS | |
|---|---|
| I. | EPA I.D. NUMBER |
| III. | FACILITY NAME |
| V. | FACILITY MAILING ADDRESS |
| VI. | FACILITY LOCATION |

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

| SPECIFIC QUESTIONS | Mark "X" YES | NO | FORM ATTACHED |
|---|---|---|---|
| A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A) | | X | |
| | 16 | 17 | 18 |
| B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B) | | X | |
| | 19 | 20 | 21 |
| C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2E) | X | | X |
| | 22 | 23 | 24 |
| D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D) | | X | |
| | 25 | 26 | 27 |
| E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3) | | X | |
| | 28 | 29 | 30 |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| | 31 | 32 | 33 |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | |
| | 34 | 35 | 36 |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| | 37 | 38 | 39 |
| I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |
| | 40 | 41 | 42 |
| J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5) | | X | |
| | 43 | 44 | 45 |

## III. NAME OF FACILITY

1 SKIP: DWORSHAK DAM, USACE

## IV. FACILITY CONTACT

| A. NAME & TITLE *(last, first, & title)* | B. PHONE *(area code & no.)* |
|---|---|
| 2 PARKER, GREG OPERATIONS PROJECT MANAGER | (208) 476-1251 |

## V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P.O. BOX 48

| B. CITY OR TOWN | C. STATE | D. ZIP CODE |
|---|---|---|
| 4 AHSAHKA | ID | 83520 |

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 1428 NORTHFORK DRIVE

B. COUNTY NAME

CLEARWATER

| C. CITY OR TOWN | D. STATE | E. ZIP CODE | F. COUNTY CODE *(if known)* |
|---|---|---|---|
| 6 AHSAHKA | ID | 83520 | 16035 |

CONTINUED FROM THE FRONT

**VII. SIC CODES** *(4-digit, in order of priority)*

| A. FIRST | B. SECOND |
|---|---|
| 4911 Electric Services | N/A *(specify)* |

| C. THIRD | D. FOURTH |
|---|---|
| N/A *(specify)* | N/A *(specify)* |

**VIII. OPERATOR INFORMATION**

| A. NAME | B. Is the name listed in Item VIII-A also the owner? |
|---|---|
| US Army Corps of Engineers | ☑ YES ☐ NO |

| C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)* | | D. PHONE *(area code & no.)* |
|---|---|---|
| F = FEDERAL<br>S = STATE<br>P = PRIVATE<br>M = PUBLIC *(other than federal or state)*<br>O = OTHER *(specify)* | F *(specify)* | A (208) 476-1231 |

| E. STREET OR P.O. BOX |
|---|
| P.O. Box 48 |

| F. CITY OR TOWN | G. STATE | H. ZIP CODE | IX. INDIAN LAND |
|---|---|---|---|
| AHSAHKA | ID | 83520 | Is the facility located on Indian lands? ☑ YES ☐ NO |

**X. EXISTING ENVIRONMENTAL PERMITS**

| A. NPDES *(Discharges to Surface Water)* | D. PSD *(Air Emissions from Proposed Sources)* |
|---|---|
| 9 N ID0028444 | 9 P |
| **B. UIC** *(Underground Injection of Fluids)* | **E. OTHER** *(specify)* |
| 9 U | 9 *(specify)* |
| **C. RCRA** *(Hazardous Wastes)* | **E. OTHER** *(specify)* |
| 9 R ID396008175 | 9 *(specify)* |

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS** *(provide a brief description)*

FEDERAL AGENCY OPERATING A 717 FOOT STRAIGHT AXIS DAM IMPOUNDING THE NORTHFORK OF THE CLEARWATER RIVER TO MITIGATE FLOODS, CONTROL RIVER TEMPERATURE AND GENERATE ELECTRICITY.

**XIII. CERTIFICATION** *(see instructions)*

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

| A. NAME & OFFICIAL TITLE *(type or print)* | B. SIGNATURE | C. DATE SIGNED |
|---|---|---|
| LTC Christian N Dietz<br>Walla Walla District Commander | | 2/19/19 |

**COMMENTS FOR OFFICIAL USE ONLY**

C

EPA Form 3510-1 (8-90)

| Please print or type in the unshaded areas only. | EPA ID Number (copy from Item 1 of Form 1) | Form Approved. OMB No. 2040-0086. Approval expires 5-31-92. |
|---|---|---|

FORM 2E NPDES

# EPA Facilities Which Do Not Discharge Process Wastewater

## I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

| Outfall Number *(list)* | Latitude | | | Longitude | | | Receiving Water *(name)* |
|---|---|---|---|---|---|---|---|
| | Deg | Min | Sec | Deg | Min | Sec | |
| 002 | 45.0( | 55.0( | 5.00 | 119.( | 17.0( | 58.0( | CLEARWATER RIVER |

**II. DISCHARGE DATE** *(If a new discharger, the date you expect to begin discharging)*

06/01/1972

## III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

## IV. EFFLUENT CHARACTERISTICS

**A. Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

**B. New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

| Pollutant or Parameter | (1) Maximum Daily Value *(include units)* | | (2) Average Daily Value *(last year)* *(include units)* | | *(3)* Number of Measurements Taken *(last year)* | *(or)* *(4)* Source of Estimate *(if new discharger)* |
|---|---|---|---|---|---|---|
| | Mass | Concentration | Mass | Concentration | | |
| Biochemical Oxygen Demand (BOD) | | | | | | |
| Total Suspended Solids (TSS) | | | | | | |
| Fecal Coliform *(if believed present or if sanitary waste is discharged)* | | | | | | |
| Total Residual Chlorine *(if chlorine is used)* | | | | | | |
| Oil and Grease | | | | | | |
| *Chemical oxygen demand (COD) | | | | | | |
| *Total organic carbon (TOC) | | | | | | |
| Ammonia *(as N)* | | | | | | |
| Discharge Flow | Value 650 | | | | | |
| pH *(give range)* | Value | | | | | |
| Temperature *(Winter)* | | °C | | °C | | |
| Temperature *(Summer)* | | °C | | °C | | |

*If noncontact cooling water is discharged

**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?**

If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

Water is pumped from a submerged intake in the tailrace area. The water travels through a header leading into the turbine bearing oil cooler, thrust bearing cooling and surface air cooler of Unit 2 Generator. After heat exchange, the water passes through a discharge header exiting 10-20 feet above water level in front of Powerhouse.
FREQ: CONTINOUSLY 6 MONTHS/YEAR @ 900 gpm

**VI. TREATMENT SYSTEM** *(Describe briefly any treatment system(s) used or to be used)*

N/A

**VII. OTHER INFORMATION** *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Unit 2 was not operational during sampling.

see attached sheet for additional information

**VIII. CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

| A. Name & Official Title | B. Phone No. *(area code & no.)* |
|---|---|
| LTC Christian N Dietz Walla Walla District Commander | (509) 527-7700 |
| C. Signature | D. Date Signed |
| | 2/19/19 |

| Please print or type in the unshaded areas only. | EPA ID Number (copy from Item 1 of Form 1) | Form Approved. OMB No. 2040-0086. Approval expires 5-31-92. |
|---|---|---|

FORM 2E NPDES

# EPA Facilities Which Do Not Discharge Process Wastewater

## I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

| Outfall Number *(list)* | Latitude | | | Longitude | | | Receiving Water *(name)* |
|---|---|---|---|---|---|---|---|
| | Deg | Min | Sec | Deg | Min | Sec | |
| 004 | 45.0( | 55.0( | 56.0( | 119.( | 17.0( | 51.0( | CLEARWATER RIVER |

**II. DISCHARGE DATE** *(If a new discharger, the date you expect to begin discharging)*

06/01/1972

## III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

## IV. EFFLUENT CHARACTERISTICS

**A. Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

**B. New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

| Pollutant or Parameter | (1) Maximum Daily Value *(include units)* | | (2) Average Daily Value *(last year)* *(include units)* | | *(3)* *(or)* Number of Measurements Taken *(last year)* | *(4)* Source of Estimate *(if new discharger)* |
|---|---|---|---|---|---|---|
| | Mass | Concentration | Mass | Concentration | | |
| Biochemical Oxygen Demand (BOD) | | | | | | |
| Total Suspended Solids (TSS) | | | | | | |
| Fecal Coliform *(if believed present or if sanitary waste is discharged)* | | | | | | |
| Total Residual Chlorine *(if chlorine is used)* | | | | | | |
| Oil and Grease | | | | | | |
| *Chemical oxygen demand (COD) | | | | | | |
| *Total organic carbon (TOC) | | | | | | |
| Ammonia *(as N)* | | | | | | |
| Discharge Flow | Value 2500 GPM | | | | | |
| pH *(give range)* | Value | | | | | |
| Temperature *(Winter)* | | °C | | °C | | |
| Temperature *(Summer)* | | °C | | °C | | |

*If noncontact cooling water is discharged

**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?** ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

ALL POWERHOUSE WATER EXCEPT DOMESTIC, GREY WATER AND OIL STORAGE ROOM DRAINS TO THIS DRAINAGE SUMP WHICH IS SERVICED BY 2 PUMPS DISCHARGING ITS CONTENT INTO THE TAILRACE. ANOTHER POSSIBLE FLOW FROM THIS SUMP IS THROUGH AN 8 INCH PIPE CONNECTED TO THE UNWATERING SUMP (OUTFALL 5)
FREQ: CONTINOUSLY ~2.5 HOURS/DAY @ 1250 gpm (1 pump at a time)

**VI. TREATMENT SYSTEM** *(Describe briefly any treatment system(s) used or to be used)*

Skimmer and OWS

**VII. OTHER INFORMATION** *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Water was being diverted to unwatering sump during sampling.

see attached sheet for additional information

**VIII. CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

| A. Name & Official Title | B. Phone No. *(area code & no.)* |
|---|---|
| LTC Christian N Dietz Walla Walla District Commander | (509) 527-7700 |
| C. Signature | D. Date Signed |
| | 2/19/19 |

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EPA ID Number (copy from Item 1 of Form 1)

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FORM 2E NPDES

# EPA Facilities Which Do Not Discharge Process Wastewater

## I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

| Outfall Number *(list)* | Latitude | | | Longitude | | | Receiving Water *(name)* |
|---|---|---|---|---|---|---|---|
| | Deg | Min | Sec | Deg | Min | Sec | |
| 001 | 45.0( | 56.0( | 2.00 | 119.( | 17.0( | 49.0( | CLEARWATER RIVER |

## II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

06/01/1972

## III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

## IV. EFFLUENT CHARACTERISTICS

**A. Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

**B. New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

| Pollutant or Parameter | (1) Maximum Daily Value *(include units)* | | (2) Average Daily Value *(last year)* *(include units)* | | *(3)* | *(or)* | *(4)* |
|---|---|---|---|---|---|---|---|
| | Mass | Concentration | Mass | Concentration | Number of Measurements Taken *(last year)* | | Source of Estimate *(if new discharger)* |
| Biochemical Oxygen Demand (BOD) | 26.81lbs/day | 2.48 mg/l | 26.81lbs/day | 2.48 mg/l | 1.00 | | |
| Total Suspended Solids (TSS) | 0.0 lbs/day | <1 mg/l | 0.0 lbs/day | <1 mg/l | 1.00 | | |
| Fecal Coliform *(if believed present or if sanitary waste is discharged)* | N/A | N/A | N/A | N/A | 0.00 | | |
| Total Residual Chlorine *(if chlorine is used)* | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | | |
| Oil and Grease | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | | |
| *Chemical oxygen demand (COD) | 0.0 lbs/day | <5 mg/l | 0.0 lbs/day | <5 mg/l | 1.00 | | |
| *Total organic carbon (TOC) | 52.53lbs/day | 4.86 mg/l | 52.53lbs/day | 4.86 mg/l | 1.00 | | |
| Ammonia *(as N)* | 0.82 lbs/day | 0.0756 mg/l | 52.53lbs/day | 0.0756 mg/l | 1.00 | | |
| Discharge Flow | Value 900 gpm | | 1.296 MGD | | | | |
| pH *(give range)* | Value 7.0-8.5 | | | | 1.00 | | |
| Temperature *(Winter)* | °C | | °C | | 0.00 | | |
| Temperature *(Summer)* | 6.90 °C | | °C | | 1.00 | | |

*If noncontact cooling water is discharged

**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?** ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Water is pumped from a submerged intake in the tailrace area. The water travels through a header leading into the turbine bearing oil cooler, thrust bearing cooling and surface air cooler of Unit 1 Generator. After heat exchange, the water passes through a discharge header exiting 10-20 feet above water level in front of Powerhouse.
FREQ: CONTINOUSLY 10 MONTHS/YEAR @ 900 gpm

**VI. TREATMENT SYSTEM** *(Describe briefly any treatment system(s) used or to be used)*

N/A

**VII. OTHER INFORMATION** *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

see attached sheet for additional information

**VIII. CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

| A. Name & Official Title | B. Phone No. *(area code & no.)* |
|---|---|
| LTC Christian N. Dietz Walla Walla District Commander | (509) 527-7700 |
| C. Signature | D. Date Signed |
| | 2/19/19 |

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

# EPA Facilities Which Do Not Discharge Process Wastewater

## I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

| Outfall Number *(list)* | Latitude | | | Longitude | | | Receiving Water *(name)* |
|---|---|---|---|---|---|---|---|
| | Deg | Min | Sec | Deg | Min | Sec | |
| 003 | 45.0( | 55.0( | 56.0( | 119.( | 17.0( | 51.0( | CLEARWATER RIVER |

## II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

06/01/1972

## III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

## IV. EFFLUENT CHARACTERISTICS

**A. Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

**B. New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

| Pollutant or Parameter | (1) Maximum Daily Value *(include units)* | | (2) Average Daily Value *(last year)* *(include units)* | | *(3)* Number of Measurements Taken *(last year)* | *(or)* *(4)* Source of Estimate *(if new discharger)* |
|---|---|---|---|---|---|---|
| | Mass | Concentration | Mass | Concentration | | |
| Biochemical Oxygen Demand (BOD) | 0.0 lbs/day | <2 mg/l | 0.0 lbs/day | <2 mg/l | 1.00 | |
| Total Suspended Solids (TSS) | 0.0 lbs/day | <1 mg/l | 0.0 lbs/day | <1 mg/l | 1.00 | |
| Fecal Coliform *(if believed present or if sanitary waste is discharged)* | NA | NA | NA | NA | 0.00 | |
| Total Residual Chlorine *(if chlorine is used)* | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| Oil and Grease | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| *Chemical oxygen demand (COD) | 91.91lbs/day | 5.47 mg/l | 91.91lbs/day | 5.47 mg/l | 1.00 | |
| *Total organic carbon (TOC) | 127.11lbs/day | 7.55 mg/l | 127.11lbs/da | 7.55 mg/l | 1.00 | |
| Ammonia *(as N)* | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| Discharge Flow | Value 1400 | | 2.02 | | | |
| pH *(give range)* | Value 7.0-8.5 | | | | 1.00 | |
| Temperature *(Winter)* | | °C | | °C | 0.00 | |
| Temperature *(Summer)* | | 12.10 °C | | °C | 1.00 | |

*If noncontact cooling water is discharged

**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?**

If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

Water is pumped from a submerged intake in the tailrace area. The water travels through a header leading into the turbine bearing oil cooler, thrust bearing cooling and surface air cooler of Unit 3 Generator. After heat exchange, the water passes through a discharge header exiting 10-20 feet above water level in front of Powerhouse.
FREQ: CONTINOUSLY 6 MONTHS/YEAR @ 2100 gpm

**VI. TREATMENT SYSTEM** *(Describe briefly any treatment system(s) used or to be used)*

N/A

**VII. OTHER INFORMATION** *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

see attached sheet for additional information

**VIII. CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

| A. Name & Official Title | B. Phone No. *(area code & no.)* |
|---|---|
| LTC Christian N Dietz Walla Walla District Commander | (509) 527-7700 |
| C. Signature | D. Date Signed |
| | 2/19/19 |

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

# EPA Facilities Which Do Not Discharge Process Wastewater

## I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

| Outfall Number *(list)* | Latitude | | | Longitude | | | Receiving Water *(name)* |
|---|---|---|---|---|---|---|---|
| | Deg | Min | Sec | Deg | Min | Sec | |
| 005 | 45.0( | 55.0( | 57.0( | 119.( | 17.0( | 51.0( | CLEARWATER RIVER |

**II. DISCHARGE DATE** *(If a new discharger, the date you expect to begin discharging)*

06/01/1972

## III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

## IV. EFFLUENT CHARACTERISTICS

**A. Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

**B. New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

| Pollutant or Parameter | (1) Maximum Daily Value *(include units)* | | (2) Average Daily Value *(last year)* *(include units)* | | *(3)* Number of Measurements Taken *(last year)* | *(or)* *(4)* Source of Estimate *(if new discharger)* |
|---|---|---|---|---|---|---|
| | Mass | Concentration | Mass | Concentration | | |
| Biochemical Oxygen Demand (BOD) | 0.0 lbs/day | <2 mg/l | 0.0 lbs/day | <2 mg/l | 1.00 | |
| Total Suspended Solids (TSS) | 0.0 lbs/day | <1 mg/l | 0.0 lbs/day | <1 mg/l | 1.00 | |
| Fecal Coliform *(if believed present or if sanitary waste is discharged)* | NA | NA | NA | NA | 0.00 | |
| Total Residual Chlorine *(if chlorine is used)* | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| Oil and Grease | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| *Chemical oxygen demand (COD) | 0.0 lbs/day | <5 mg/l | 0.0 lbs/day | <5 mg/l | 1.00 | |
| *Total organic carbon (TOC) | 40.53lbs/day | 2.25 mg/l | 20.27lbs/day | 2.25 mg/l | 1.00 | |
| Ammonia *(as N)* | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| Discharge Flow | Value 1500 | | 1.08 | | | |
| pH *(give range)* | Value 7.0-8.5 | | | | 1.00 | |
| Temperature *(Winter)* | °C | | °C | | 1.00 | |
| Temperature *(Summer)* | 7.30 °C | | °C | | 0.00 | |

*If noncontact cooling water is discharged

**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?** ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

WATER ENTERS THE UNWATERING SUMP FROM THE DRAFT TUBES AND THROUGH THE CROSS CONNECT PIPE FROM DRAINAGE SUMP. 2 PUMPS SERVICE THIS SUMP DISCHARGING INTO THE TAILRACE.
FREQ: CONTINOUSLY ~ 12 HOURS/DAY @ 1500 gpm (1 pump at a time)

**VI. TREATMENT SYSTEM** *(Describe briefly any treatment system(s) used or to be used)*

SKIMMER AND OWS

**VII. OTHER INFORMATION** *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

see attached sheet for additional information

**VIII. CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

| A. Name & Official Title | B. Phone No. *(area code & no.)* |
|---|---|
| LTC Christian N Dietz Walla Walla District Commander | (509) 527-7700 |
| C. Signature | D. Date Signed |
|  | 2/19/19 |

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

# EPA Facilities Which Do Not Discharge Process Wastewater

## I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

| Outfall Number *(list)* | Latitude | | | Longitude | | | Receiving Water *(name)* |
|---|---|---|---|---|---|---|---|
| | Deg | Min | Sec | Deg | Min | Sec | |
| 006 | 45.0( | 55.0( | 59.0( | 119.( | 17.0( | 52.0( | CLEARWATER RIVER |

## II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

06/01/1972

## III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

## IV. EFFLUENT CHARACTERISTICS

**A. Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

**B. New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

| Pollutant or Parameter | (1) Maximum Daily Value *(include units)* | | (2) Average Daily Value *(last year)* *(include units)* | | *(3)* Number of Measurements Taken *(last year)* | *(or)* *(4)* Source of Estimate *(if new discharger)* |
|---|---|---|---|---|---|---|
| | Mass | Concentration | Mass | Concentration | | |
| Biochemical Oxygen Demand (BOD) | 0.0 lbs/day | <2 mg/l | 0.0 lbs/day | <2 mg/l | 1.00 | |
| Total Suspended Solids (TSS) | 0.0 lbs/day | <1 mg/l | 0.0 lbs/day | <1 mg/l | 1.00 | |
| Fecal Coliform *(if believed present or if sanitary waste is discharged)* | NA | NA | NA | NA | 0.00 | |
| Total Residual Chlorine *(if chlorine is used)* | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| Oil and Grease | 0.0 lbs/day | 0.0 mg/l | 0.0 lbs/day | 0.0 mg/l | 1.00 | |
| *Chemical oxygen demand (COD) | 0.0 lbs/day | <5 mg/l | 0.0 lbs/day | <5 mg/l | 1.00 | |
| *Total organic carbon (TOC) | 169.1lbs/day | 3.52 mg/l | 56.371bs/day | 3.52 mg/l | 1.00 | |
| Ammonia *(as N)* | 2.45 lbs/day | 0.051 mg/l | 0.8151bs/day | 0.051 mg/l | 1.00 | |
| Discharge Flow | Value 2000 | | 1.92 | | | |
| pH *(give range)* | Value 7.0-8.5 | | | | 1.00 | |
| Temperature *(Winter)* | | °C | | °C | 0.00 | |
| Temperature *(Summer)* | | 7.20 °C | | °C | 1.00 | |

*If noncontact cooling water is discharged

**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?** ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

SKELETON BAY: EXCESS STORMWATER FROM TRANSFORMER SUMP AND DAM LEAKAGE FLOWS INTO THIS UNDEVELOPED PORTION OF THE POWERHOUSE WHERE GENERATING UNIT 4,5,6 WERE ORIGINALY PLANNED BUT NEVER BUILT. 2 PUMPS SERVICE THIS AREA DISCHARGING ABOVE THE TAILRACE AREA.
FREQ: CONTINOUSLY -7.5 hours/day @ 2000 gpm (1 pump at a time)

**VI. TREATMENT SYSTEM** *(Describe briefly any treatment system(s) used or to be used)*

TRANSFORMER BAY HAS SKIMMER AND OIL WATER SEPERATOR SYSTEM.

**VII. OTHER INFORMATION** *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

see attached sheet for additional information

**VIII. CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

| A. Name & Official Title | B. Phone No. *(area code & no.)* |
|---|---|
| LTC Christian N Dietz Walla Walla District Commander | (509) 527-7700 |
| C. Signature | D. Date Signed |
| | 2/19/19 |

VII. OTHER INFORMATION

**Dworshak Project**

Background water samples were taken each of the sampling days. The following results are the high values over the two days:

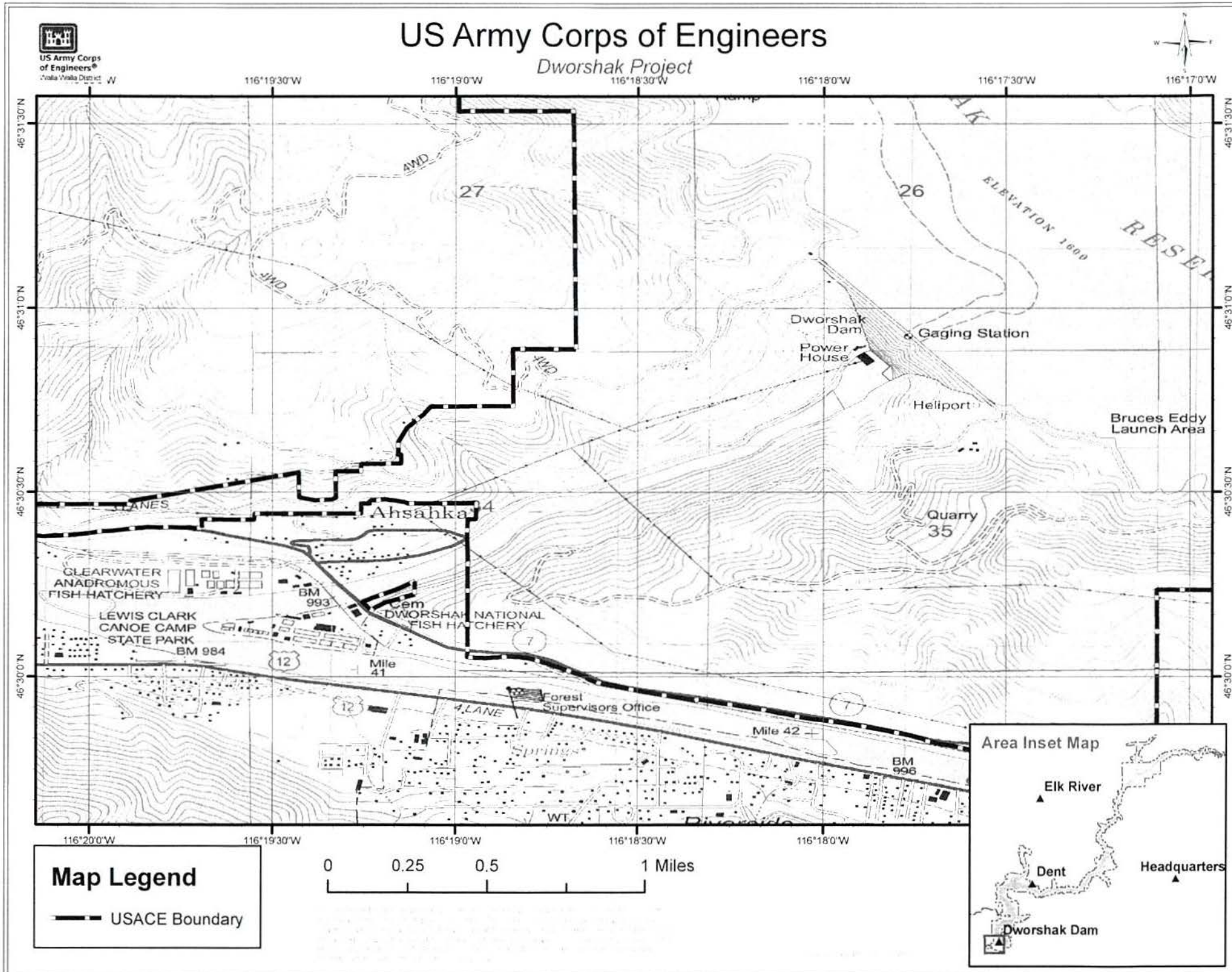
| TEMP °C | pH | BOD mg/L | TSS mg/L | COD mg/L | TOC mg/L | AMMONIA mg/L | OIL/GREASE mg/L | PCB mg/L |
|---|---|---|---|---|---|---|---|---|
| 27.2 | 7.76 | <2.0 | <1 | <5 | 6.56 | 0.0594 | ND | ND |

In addition to the outfalls specifically identified in this permit application Dworshak Project is addressing the following oil to water interfaces:

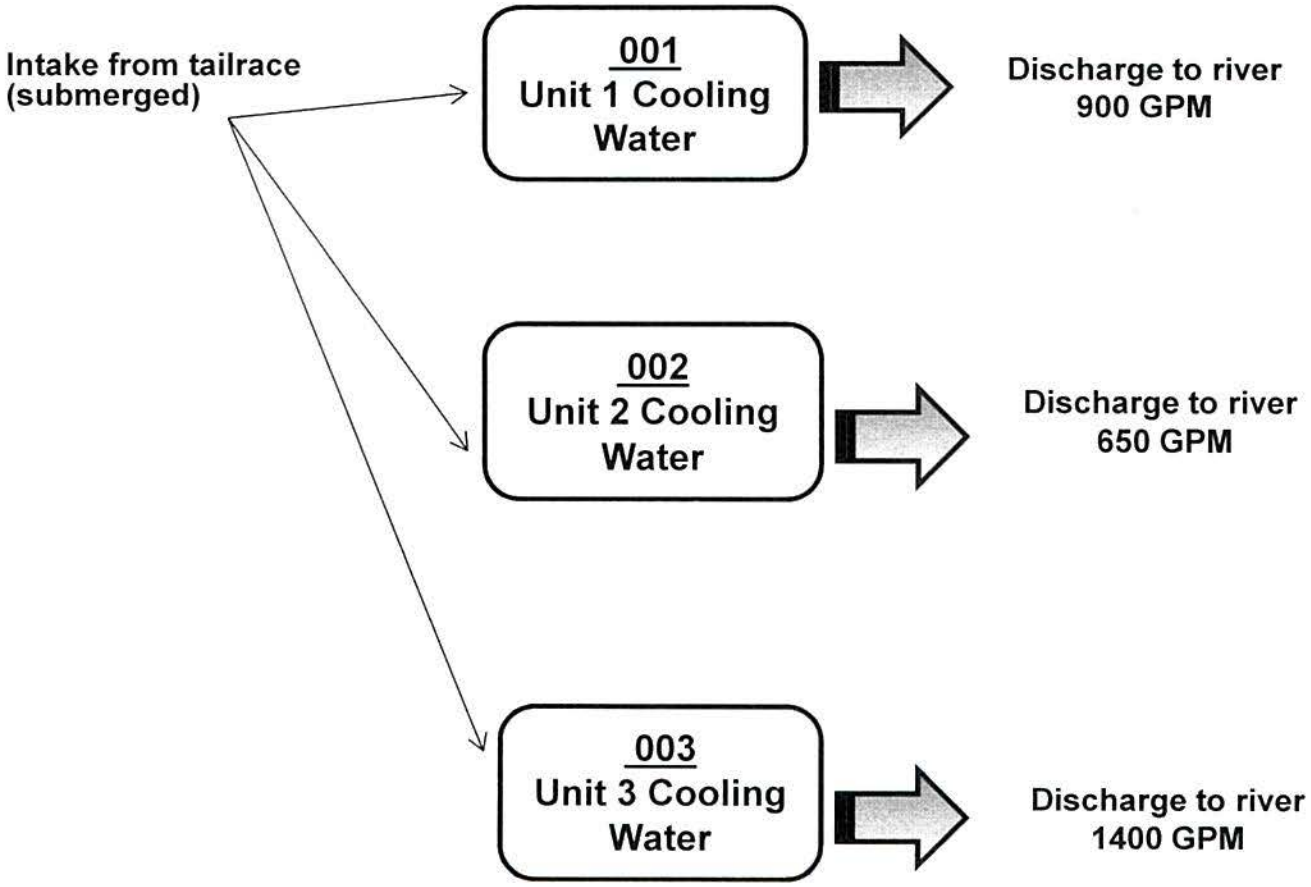
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of water from the penstock to the turbine and other in-water equipment. During the lubrication process grease is pushed through equipment and can be released directly to the river. The system automatically greases the bushings when the unit is operating per manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.

# US Army Corps of Engineers

*Dworshak Project*

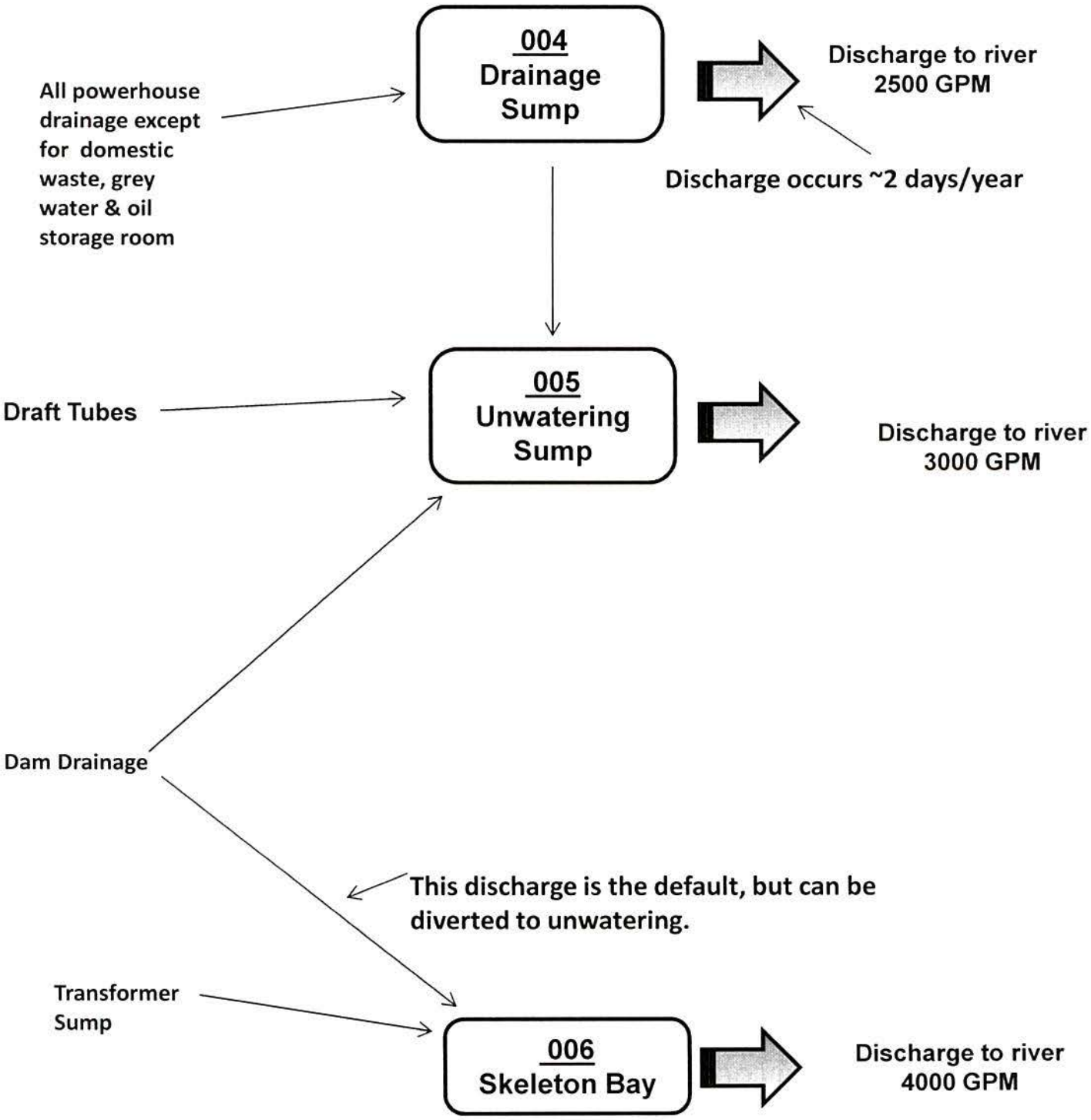


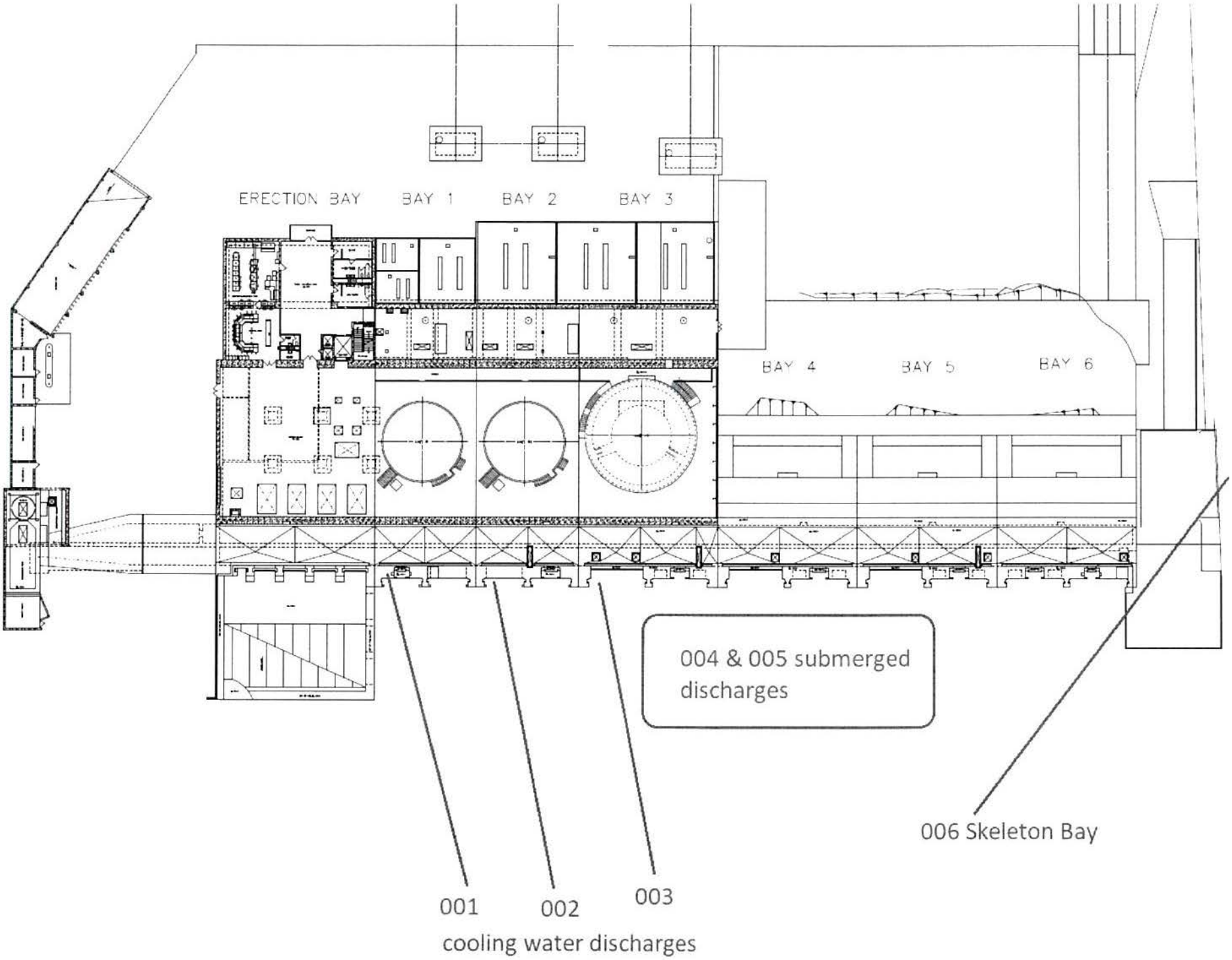
# Dworshak - OUTFALL WATER SOURCE FLOW CHART




Water is pumped from a submerged intake in the tailrace area. The water travels through a header leading into the turbine bearing oil cooler, thrust bearing oil cooler & surface air cooler of each unit. After heat exchange, the water passes through a discharge header exiting above water level in front of the powerhouse.

# Dworshak - OUTFALL WATER SOURCE FLOW CHART




ERECTION BAY
BAY 1
BAY 2
BAY 3
BAY 4
BAY 5
BAY 6
004 & 005 submerged discharges
006 Skeleton Bay
001
002
003
cooling water discharges

## ROUTING AND TRANSMITTAL SLIP

Date: 02/08/2019

| TO: (Name, office symbol, room number, building, Agency/Post) | Initials | Date |
|---|---|---|
| 1. Mike Vandiver, Chief, Business Support Section, Operations Division | ✓ | 2/8/19 |
| 2. Chad Rhynard, Chief, Technical Support Branch, Operations Division | CR | 8 Feb 19 |
| 3. Jamie N. Howard, Deputy Chief, Operations Division | JNH | 2/9/19 |
| 4. Paul A. Ocker, Chief, Operations Division | PAO | 2/15/19 |
| 5. | | |

| | | | | | |
|---|---|---|---|---|---|
| | Action | | File | | Note and Return |
| X | Approval | | For Clearance | | Per Conversation |
| | As Requested | | For Correction | | Prepare Reply |
| | Circulate | | For Your Information | | See Me |
| | Comment | | Investigate | | Signature |
| | Coordination | | Justify | | |

REMARKS

CENWW-OD (Operations Division)
SUBJECT: NPDES Permit Application for Dworshak

POC - Don Redman

- Correction needed (last Page) befor LTC signs forward
- Pleas correct sheet as noted by Jamie prior to commanders signature

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

| FROM: (Name, organization symbol, Agency/Post) | Room Number - Building |
|---|---|
| Jennifer Rand, Support Services Specialist | Phone Number 509-527-7105 |